

NATCHIQ, INC.

Employee Information Record

Oracle Employee ID #:

| | | | | | |
|--------------------------------|--|------------------------------------|---|--|----------------------------------|
| COMPANY | <input checked="" type="checkbox"/> APC | <input type="checkbox"/> APEL | <input type="checkbox"/> HCC | <input type="checkbox"/> HCC/NANA | <input type="checkbox"/> NATCHIQ |
| | <input type="checkbox"/> APC/WOOD | <input type="checkbox"/> GLOBAL PC | <input type="checkbox"/> OMEGA | | |
| APC ARCO OPERATIONS DEPARTMENT | <input checked="" type="checkbox"/> New Hire | <input type="checkbox"/> Rehire | <input type="checkbox"/> Return From Leave of Absence | <input type="checkbox"/> Information Change Only | |
| | <input type="checkbox"/> Transfer | Supervisor's Release: | | | |

| | | | | |
|---|---|---------------------------------|--|----------------------------------|
| PERSONAL INFORMATION | | (USE BLACK PEN PLEASE) | | Kuparuk Emp No. |
| Last Name | First Name | MI | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Social Security #: Date of Birth |
| GILBERT | John | D | | 526-77-3420 |
| Primary Address | City | State | Zip | |
| HC 67 Box 2049 | CHALLIS | IDAHO | 83726 | |
| Secondary Address | City | State | Zip | |
| Telephone | Emergency Contact (Name) | Emergency Telephone | | |
| 208-879-5186 | CINDY CROSS | (208) 879-5186 / (208) 879-2366 | | |
| ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No | | X 517 | |
| Previously Employed by ASRC or a Subsidiary? | Name of Spouse | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Company: | | | |
| Original Employment | Separation Date | Previous Supervisor: | | |

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|---|---|---------------------------------|--|---------------------------------|
| EMPLOYMENT INFORMATION | | (OFFICE USE ONLY) | | JVA NO. |
| Organization: | APC ARCO OPERATIONS DEPT | <input type="checkbox"/> Exempt | <input type="checkbox"/> Non-Exempt | |
| Job Code: | 2626 00000. Staff. Sr. Staff. H. Specialist | Effective Date: | 1/30/01 | Title: SAFETY Specialist |
| Location: | KUPARUK | Rate of Pay: | \$ 358.88 | |
| <input checked="" type="checkbox"/> Full-time - Regular | <input type="checkbox"/> PT Reg <18 hours | <input type="checkbox"/> Hourly | <input checked="" type="checkbox"/> Day Rate | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Full-time - Temporary | <input type="checkbox"/> PT Reg >20 hours | Standard Work Week Hours: | 70 | |
| <input type="checkbox"/> Part-time - Temporary | | Workers' Comp Code: | 068810 | |
| | | Project No: | 2626 | Union No.: 167154 |

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| SIGNATURES | |
| By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposit, the employee's payroll check will be forwarded to their respective work site each Friday. | |
| Employee Signature: | Date Signed: 1/31/01 |
| Witness Signature: | Date Signed: 1-31-01 |
| Immediate Supervisor: | Date Signed: 1/16/01 |
| Department Manager: | Date Signed: 1/10/01 |

APC0032

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| A RCO OF OPERATIONS DEPARTMENT | COMPANY | <input checked="" type="checkbox"/> APC | <input type="checkbox"/> APEL | <input type="checkbox"/> HCC | <input type="checkbox"/> HCC/NANA | <input type="checkbox"/> NATCHIQ |
| | | <input type="checkbox"/> APC/WOOD | <input type="checkbox"/> GLOBAL PC | | | <input type="checkbox"/> OMEGA |
| | <input checked="" type="checkbox"/> New Hire | <input type="checkbox"/> Rehire | <input type="checkbox"/> Return From Leave of Absence | <input type="checkbox"/> Information Change Only | | |
| | <input type="checkbox"/> Transfer | From: To: | Supervisor's Release: _____ | | | |

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|---|---|------------------------|---|----------------------|---------------|
| PERSONAL INFORMATION | | (USE BLACK PEN PLEASE) | | Kuparuk Emp No. 6804 | |
| Last Name | First Name | MI | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Social Security # | Date of Birth |
| GILBERT | John | D | | 526-77-3420 | 12/07/63 |
| Primary Address | City | State | Zip | | |
| HC 67 Box 2049 | CHALLIS | IDAHO | 83226 | | |
| Secondary Address | City | State | Zip | | |
| 3.5 mi west of Hwy 75 & 93 Junction | CHALLIS | ID | 83226 | | |
| Telephone | Emergency Contact (Name) | Emergency Telephone | | | |
| 208-879-5186 | CINDY GILBERT | (208) 879-5186 H | | | |
| ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No | | w (208) 879 2304 x 517 | | |
| Previously Employed by ASRC or a Subsidiary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Company: | | | |
| Original Employment Date | Separation Date: | Previous Supervisor: | | | |

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| EMPLOYMENT INFORMATION | | (OFFICE USE ONLY) | | JVA NO. | |
| C | ization: | <input type="checkbox"/> Exempt | <input type="checkbox"/> Non-Exempt | | |
| APC ARCO OPERATIONS DEPT 2626 | | Effective Date: 1/30/01 | Title: SAFETY Specialist | | |
| Job Code: 00000. Staff. Sr. Safety Specialist | Safety | Rate of Pay \$ 350.00 | | | |
| Location: KUPARUK | | <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Day Rate <input type="checkbox"/> Salary | | | |
| <input checked="" type="checkbox"/> Full-time - Regular <input type="checkbox"/> PT Reg <19 hours <input type="checkbox"/> PT Reg >30 hours | | Standard Work Week Hours: 70 | | | |
| <input type="checkbox"/> Full-time - Temporary <input type="checkbox"/> PT Reg >20 hours <input type="checkbox"/> Part-time - Temporary | | Workers' Comp Code: 008810 | | | |
| | | Project No.: 2626 | AcS: Union No.: 1671541 | | |

SIGNATURES

By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of this form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposit, the employee's payroll check will be forwarded to their respective work site each Friday.

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|---|-----------------------------|
| Employee Signature: <u>John D. Gilbert</u> | Date Signed: <u>2/2/01</u> |
| Witness Signature: _____ | Date Signed: _____ |
| Immediate Supervisor: <u>Ronald M. Kirk</u> | Date Signed: <u>1/10/01</u> |
| Department Manager: <u>[Signature]</u> | Date Signed: <u>1/10/01</u> |
| | <u>2/1/01</u> |

APC0031

GENERAL INFORMATION

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|---|--|---------------------------------|---|---------------------------------------|----------------------|
| Policy Number: 0002000 | | Divison Number | | Employer Name: Natchiq, Inc. | |
| Employee Name: JOHN GILBERT | | <input type="checkbox"/> Female | Date of Birth: 12/17/63 | Social Security Number: 526 177 13420 | State of Birth: TX |
| Spouse Name: N/A | | <input type="checkbox"/> Female | Date of Birth: N/A | Social Security Number: / N/A / | State of Birth: N/A |
| Street Address: HC 67 Box 2049 | | Home Phone: (208) 679-5186 | | <input type="checkbox"/> Single | Date of Hire: 2/1/01 |
| City/State/Zip: CHALLIS, IDAHO 83226 | | Work Phone: (208) 659-7569 | | <input type="checkbox"/> Married | |
| Employee Occupation (Specific Duties): H. H. SAFETY, ENVIRONMENTAL SPECIALIST | | Earnings: \$ +80K | <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Yearly | Hours worked per week: +70 | |

VOLUNTARY BENEFIT PROGRAM

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|---|---|---------------|
| <input checked="" type="checkbox"/> Voluntary Short-term Disability | | Total Premium |
| Elimination Period | <input checked="" type="checkbox"/> 1 Day Injury/8 Day Sickness | \$ 45.60 |
| Benefit Duration | <input checked="" type="checkbox"/> 26 Week Benefit | |
| Weekly Benefit Amount \$ 600 | | |

REQUEST FOR COVERAGE

The Voluntary Benefit Program has been offered to me and after seriously considering the benefit, I have decided to: (Please indicate your choice)

☒ **REQUEST COVERAGE** for which I am or may become eligible under the group policies issued by Guarantee Life Insurance Company. I also: (1) authorize any required deductions from my earnings; (2) name the beneficiary on this Enrollment Form to receive any benefits payable in the event of my death; (3) represent that my answers under the "Statement of Health" on the back of this Enrollment Form are true and complete, and that information on each item answered "yes" has been fully disclosed; and (4) understand that to be eligible, I must be a permanent employee working at least 30 hours per week.

NOTE: If you have chosen to participate in the Voluntary Benefit Program(s), please review the Authorization and sign below.

☐ **NOT ENROLL** myself or dependents in the Program. I understand that if I apply for coverage at a later date, and if a physical examination or further medical information is required, it will be at my own expense.

THE AUTHORIZATION BELOW MUST BE SIGNED AND DATED OR THE ENROLLMENT FORM WILL BE RETURNED

This authorization applies to any physician, medical professional, hospital, clinic, other medically related facility, insurance or reinsurance company, the Medical Information Bureau, Inc., (MIB), consumer reporting agency or employer, having: (1) information about the diagnosis, treatment or prognosis of any physical or mental condition of me or my minor children; or (2) any other non-medical information about me or my minor children.

I authorize the above sources to give Guarantee Life Insurance Company, its reinsurers, or any of the above sources (except the MIB) such information. I understand Guarantee Life Insurance Company will use the information obtained with this Authorization to determine eligibility for insurance, and will release such information only: (1) to reinsurance companies, the MIB, or other persons or organizations performing business or legal services in connection with my application; or (2) as I may further authorize or as may be lawfully required. I know that I may request a copy of this Authorization, and acknowledge receipt of the Notice of Information Practices. I agree this Authorization shall be valid for 2 1/2 years from the date shown below, and that a photocopy shall be as valid as the original.

Signed this 23 day of March, 2001 Signature of Employee: John D. Gilbert Date: 3-23-01

The insurance requested on this enrollment form will not be effective until approved by the Home Office of Guarantee Life Insurance Company, and the initial premium is paid to Guarantee Life Insurance Company. A delayed effective date will apply if the employee is not actively at work, or a dependent is in a period of limited activity on the date insurance would otherwise take effect.

**NATCHIQ, INC.**Oracle Employee ID #: **7480**

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|---|---|------------------------------------|---|--|----------------------------------|
| COMPANY APC PHILLIPS OPERATIONS DEPARTMENT | <input checked="" type="checkbox"/> APC | <input type="checkbox"/> APEL | <input type="checkbox"/> HCC | <input type="checkbox"/> HCC/NANA | <input type="checkbox"/> NATCHIQ |
| | <input type="checkbox"/> APC/WOOD | <input type="checkbox"/> GLOBAL PC | | | |
| | <input type="checkbox"/> New Hire | <input type="checkbox"/> Rehire | <input type="checkbox"/> Return From Leave of Absence | <input checked="" type="checkbox"/> Information Change Only <i>Rate change</i> | |
| | <input type="checkbox"/> Transfer | Supervisor's Release: _____ | | | |

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|---|---------------------------|---|---|---|---------------------------------|
| PERSONAL INFORMATION | | (USE BLACK PEN PLEASE) | | Kuparuk Emp No. 6804 | |
| Last Name GILBERT | First Name JOHN | MI D | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Social Security # 526-77-3420 | Date of Birth 12/1/63 |
| Mailing Address | | City | State | Zip | |
| Physical Address | | City | State | Zip | |
| Telephone | | Emergency Contact (Name) | | Emergency Telephone | |
| ASRC Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name of Spouse: _____ | |
| Previously Employed by ASRC or a Subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Company: _____ | | | |
| Original Employment Date: _____ | | Separation Date: _____ | | Previous Supervisor: _____ | |

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|--|--|--|--|--|--|
| EMPLOYMENT INFORMATION | | (OFFICE USE ONLY) | | JVA NO. | |
| Organization: APC PHILLIPS OPERATIONS DEPT | | <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt | | Effective Date: 6/18/01 Title: SAFETY SPECIALIST | |
| Job Code: 00000. STAFF SAFETY SPECIALIST L | | Rate of Pay \$ 425 | | <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Day Rate <input type="checkbox"/> Salary | |
| Location: KUPARUK | | Standard Work Week Hours: 70 | | Workers' Compensation Code: 005100 | |
| <input checked="" type="checkbox"/> Full-time -- Regular <input type="checkbox"/> PT Reg < 19 hours <input type="checkbox"/> PT Reg > 30 hours | | <input type="checkbox"/> Full-time -- Temporary <input type="checkbox"/> PT Reg > 20 hours <input type="checkbox"/> Part-time -- Temporary | | Project No. 2625 ACES Code: 10775L | |

SIGNATURES

By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of this form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposit, the employee's payroll check will be forwarded to their respective work site each Friday.

Employee Signature: *John Gilbert* Date Signed: 6/15/01

Witness Signature: _____ Date Signed: _____

Immediate Supervisor: *Scott McKee* Date Signed: 6/15/01

Department Manager: *[Signature]* Date Signed: 6/15/01



Employee Information Record

NATCHIQ, INC.

Oracle Employee ID #: 7480

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|------------------------------------|--|---|------------------------------------|---|---|----------------------------------|
| COMPANY | | <input checked="" type="checkbox"/> APC | <input type="checkbox"/> APEL | <input type="checkbox"/> HCC | <input type="checkbox"/> HCC/NANA | <input type="checkbox"/> NATCHIQ |
| | | <input type="checkbox"/> APC/WOOD | <input type="checkbox"/> GLOBAL PC | <input type="checkbox"/> OMEGA | | |
| APC PHILLIPS OPERATIONS DEPARTMENT | | <input type="checkbox"/> New Hire | <input type="checkbox"/> Rehire | <input type="checkbox"/> Return From Leave of Absence | <input checked="" type="checkbox"/> Information Change Only | |
| <input type="checkbox"/> Transfer | | From: _____ To: _____ | | Supervisor's Release: _____ | | |

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|--|--------------------------|--|---|----------------------------|---------------|
| PERSONAL INFORMATION | | (USE BLACK PEN PLEASE) | | Kuparuk Emp No. | |
| Last Name | First Name | MI | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Social Security # | Date of Birth |
| GILBERT | JOHN D | | | 526-77-3420 | 12/7/63 |
| Mailing Address | | City | State | Zip | |
| HC 67 BOX 2049 | | CHALIS CHALLIS | ID | 83226- | |
| Physical Address | | City | State | Zip | |
| HC 67 Box 2049 | | CHALIS CHALLIS | ID | 83226- | |
| Telephone | Emergency Contact (Name) | | Emergency Telephone | | |
| (208) 879-5186 | CINDY GROSS GILBERT | | (208) 879-2304 x 517 | | |
| ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Name of Spouse: _____ | | | | | |
| Previously Employed by ASRC or a Subsidiary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Company: _____ | | | |
| Original Employment Date: _____ | | Separation Date: _____ | | Previous Supervisor: _____ | |

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|--|--|--|--|---|--|
| EMPLOYMENT INFORMATION | | (OFFICE USE ONLY) | | JVA NO. | |
| Organization: APC PHILLIPS OPERATIONS DEPT | | <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt | | Effective Date: _____ Title: Supervisor, Safety | |
| Job Code: 00000.Staff.SupSfty.J.Supervisor Safety | | Rate of Pay \$ | | <input type="checkbox"/> Hourly <input type="checkbox"/> Day Rate <input type="checkbox"/> Salary | |
| Location: KUPARUK | | Standard Work Week Hours: _____ | | Workers' Compensation Code: 005606 | |
| <input checked="" type="checkbox"/> Full-time -- Regular <input type="checkbox"/> PT Reg<19 hours <input type="checkbox"/> PT Reg>30 hours | | <input type="checkbox"/> Full-time -- Temporary <input type="checkbox"/> PT Reg>20 hours <input type="checkbox"/> Part-time -- Temporary | | Project No.: 626 ACES Code: 17900J | |

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| SIGNATURES | |
| By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of this form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposit, the employee's payroll check will be forwarded to their respective work site each Friday. | |
| Employee Signature: _____ | Date Signed: _____ |
| Witness Signature: _____ | Date Signed: _____ |
| Immediate Supervisor: _____ | Date Signed: _____ |
| Department Manager: _____ | Date Signed: _____ |

12/2000

Training Server Org Code:

APC0021

**NATCHIQ, INC.**Oracle Employee ID #: 7480

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|---|---|------------------------------------|--|--|---------------------------------------|
| COMPANY APC PHILLIPS OPERATIONS DEPARTMENT | <input checked="" type="checkbox"/> APC | <input type="checkbox"/> APEL | <input type="checkbox"/> HCC | <input type="checkbox"/> HCC/NANA | <input type="checkbox"/> NATCHIQ |
| | <input type="checkbox"/> APC/WOOD | <input type="checkbox"/> GLOBAL PC | <input type="checkbox"/> OMEGA | | |
| | <input type="checkbox"/> New Hire | <input type="checkbox"/> Rehire | <input type="checkbox"/> Return From Leave of Absence | <input checked="" type="checkbox"/> Information Change Only | Rate Increase with Position Change |
| | <input type="checkbox"/> Transfer | From: To: | non union transfers only | Supervisor's Release: _____ | |

| | | | | | |
|---|------------|--|---|------------------------------------|---------------|
| PERSONAL INFORMATION | | (USE BLACK PEN PLEASE) | | Kuparuk Emp No. <u>6804</u> | |
| Last Name | First Name | MI | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Social Security # | Date of Birth |
| Gilbert | John | D | | 526-77-3420 | 12/7/63 |
| Mailing Address | | City | State | Zip | |
| Physical Address | | City | State | Zip | |
| Telephone | | Emergency Contact (Name) | | Emergency Telephone | |
| ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Name of Spouse: _____ | | | | | |
| Previously Employed by ASRC or a Subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Company: _____ | | | |
| Original Employment Date: _____ | | Separation Date: _____ | | Previous Supervisor: _____ | |

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|---|--|--|--|--|--|
| EMPLOYMENT INFORMATION | | (OFFICE USE ONLY) | | JVA NO. | |
| Organization: <u>APC PHILLIPS OPERATIONS DEPT</u> | | <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt | | Effective Date: <u>1/3/2002</u> | |
| Job Code: <u>00000. Craft. Sup Sfty. J. Supervisor Safety</u> | | Title: <u>Safety Supervisor</u> | | Rate of Pay \$ <u>475.00</u> | |
| Location: <u>KUPARUK</u> | | <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Day Rate <input type="checkbox"/> Salary | | Standard Work Week Hours: <u>70</u> | |
| <input checked="" type="checkbox"/> Full-time -- Regular | | <input type="checkbox"/> PT Reg < 19 hours | | Workers' Compensation Code: <u>008810 office staff</u> | |
| <input type="checkbox"/> Full-time -- Temporary | | <input type="checkbox"/> PT Reg > 20 hours | | Project No.: <u>2624</u> | |
| | | <input type="checkbox"/> Part-time -- Temporary | | ACES Code: <u>17900J</u> | |

SIGNATURES

By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of this form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposits, the employee's payroll check will be forwarded to their respective work site each Friday.

Employee Signature: John Gilbert Date Signed: 1-4-02

Witness Signature: _____ Date Signed: _____

Immediate Supervisor: _____ Date Signed: _____

Department Manager: David J. L... Date Signed: 1-4-02

1/4/02 Training Server Org Code: _____